

Date \_\_\_\_\_

TEXAS WING SUPPLEMENT ATTACHMENT #1

**REQUEST FOR CAP MOTOR VEHICLE OPERATOR'S PERMIT***Please Circle:* INITIAL      RENEWALTO COMMANDER: \_\_\_\_\_  
UNIT NAME\_\_\_\_\_  
Charter Number\_\_\_\_\_  
Group Number

The following information is provided in support of my request to be issued a CAP Vehicle Operator's Permit:

\_\_\_\_\_  
Name as Appears on Driver's License\_\_\_\_\_  
Driver's License Number\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
CAP Serial Number\_\_\_\_\_  
Daytime Phone Number\_\_\_\_\_  
Home Phone Number\_\_\_\_\_  
Email Address\_\_\_\_\_  
Pager Number\_\_\_\_\_  
Cell Phone Number

Texas Wing Headquarters Civil Air Patrol has my permission to request a 3-year driver history from the Texas Department of Public Safety.

Approval / Disapproval

\_\_\_\_\_  
Members Signature (Required)
 \_\_\_\_\_  
 CAPID# \_\_\_\_\_  
 Unit Commander Signature & CAPID Number(Required)

Approved / Disapproved

\_\_\_\_\_  
 Texas Wing Transportation Officer

DATE CAPF 75 ISSUED: \_\_\_\_\_

DATE CAPF 75 EXPIRES: \_\_\_\_\_

**Please attach photocopy of Driver's License - Required**

Forward This Request to the Texas Wing Headquarters Civil Air Patrol for processing.  
Headquarters will obtain a driving history from Texas DPS.

# APPLICATION FOR COPY OF DRIVER RECORD

Mail to: Driver Records Bureau, Texas Department of Public Safety, Box 148246, Austin, Texas 78714-9246

**MAKE CHECK or MONEY ORDER PAYABLE TO: TEXAS DEPARTMENT OF PUBLIC SAFETY**

Any questions regarding the information on this form should be directed to Customer Service at 512/424-2800. Allow 2-3 weeks for delivery

## CHECK TYPE OF RECORD DESIRED

### FEE

- |  |          |
|--|----------|
| <input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.  | \$ 4.00  |
| <input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period. | \$ 6.00  |
| <input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.  | \$ 10.00 |
| <input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensees ONLY.       | \$ 7.00  |
| <input type="checkbox"/> 3A. CERTIFIED version of #3. Furnished to Licensees ONLY and is Acceptable for DDC Course.                          | \$ 10.00 |
| <input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____ (If Required)   | \$ ____  |

MAIL DRIVER RECORD TO: Requestor's Name \_\_\_\_\_ DL Number \_\_\_\_\_  
(PLEASE TYPE OR PRINT)

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. \_\_\_\_\_

Your Title or Affiliation with above \_\_\_\_\_

Type of business, organization, etc. \_\_\_\_\_  
(i.e. Insurance provider, towing company, private investigation firm, etc.)

## INFORMATION REQUESTED ON:

Texas Driver License # \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle/Maiden \_\_\_\_\_

## INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, \_\_\_\_\_, hereby certify that I grant access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.), to \_\_\_\_\_

Signature of License/ID Card Holder or Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## State and federal law requires requestors to agree to the following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Sect. 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor \_\_\_\_\_

Date \_\_\_\_\_

**If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.**